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JC845 U.S. PTO  
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PTO/SB/50 (02-04)  
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C996  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to: <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	Attorney Docket No. <b>JAB-1641</b>
	First Named Inventor <b>FRANCOIS et al.</b>
	Original Patent Number <b>5,616,587</b>
	Original Patent Issue Date (Month/Day/Year) <b>04/01/1997</b>
	Express Mail Label No.

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment	
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: .....	
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	.....	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	.....	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	.....	
a. <input type="checkbox"/> Computer Readable Form (CFR)	.....	
b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper	The PTO did not receive the following listed item(s) <u>specification, claim</u>	
c. <input type="checkbox"/> Statements verifying identity of above copies	.....	

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
JAB-1641

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B) 13	**** =	x \$ _____ =		or	x \$ _____ = 0
(C)	Independent claims (37 CFR 1.16(j))	(D) 1	* =	x \$ _____ =			x \$ _____ = 0
Basic Fee (37 CFR 1.16(h))				\$ _____		\$ 710.00	
Total Filing Fee				\$ _____		OR	\$ 710.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(j))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
Total Additional Fee				\$ _____		OR	\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.  
10-0750/JAB1640/MAA \$710.00

Please charge Deposit Account No. 10-0750/JAB1641/MAA in the amount of \$710.00  
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 10-0750/JAB1641/MAA  
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9/18/01  
Date

  
Signature of Applicant, Attorney or Agent of Record

MARY A. APPOLLINA

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: FRANCOIS ET AL.

For : AQUEOUS RISPERIDONE FORMULATIONS

Express Mail Certificate

"Express Mail" mailing number: EL691442608US

Date of Deposit: September 18, 2001

I hereby certify that this re-issue application, including declaration by the assignee, statement under 37 CFR 3.73(b), consent of assignee, preliminary amendment, copy of declaration and power of attorney for patent application, copy of the USPTO stamped return postcard and a copy of US Pat No. 5,616,587 is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

KAREN HALL-MORGAN

(Typed or printed name of person mailing paper or fee)

  
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